

## DEPARTMENT OF HEALTH SERVICES

1744 P STREET  
J. BOX 942732  
SACRAMENTO, CA 94234-7320  
(916) 322-1584



Date Issued: November 15, 1995  
CMSP Letter: 95-10

To: All CMSP County Welfare Directors

Subject VERIFICATION OF FISCAL YEAR (FY) 1994-95 COUNTY MEDICAL  
SERVICES PROGRAM (CMSP) ELIGIBILITY EXPENDITURES

Enclosed is a worksheet listing CMSP eligibility expenditures for FY 1994-95. Since this data is used to determine necessary recoupments and reallocations of these funds, it is necessary that you review the accuracy of this data for your County. If your County has submitted supplemental (adjusted) Administrative Cost Claims which impact the CMSP, it is likely that they are not reflected in this data. Such claims will be considered if you complete and return the enclosed "CMSP Amended Eligibility Expenditure Report" by December 29, 1995. Please note that supplemental claims filed after December 29, 1995 can not be considered since that date is the cutoff for the FY 1994-95. This form must also be used to provide "corrected" information from the original Administrative Cost Claim submitted for each quarter. If you find the information is correct, there is no need to take any further action. If additional or corrected information is identified, please send completed reports to:

California Department of Health Services  
Office of County Health Services  
1800 3rd Street, Room 100  
P.O. Box 942732  
Sacramento, CA 94234-7320

If you have any questions regarding this report or this letter, please contact Mr. Albert Cooper of my staff by FAX at (916) 323-3350 or by phone at (916) 322-1615.

Sincerely,

A handwritten signature in cursive script that reads 'Jim Martinez'.

Jim Martinez, Chief  
County Medical Services Program Unit

Enclosures

cc: See next page.

All CMSP Welfare Directors

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November 15, 1995

cc: Albert Cooper  
County Medical Services Program Unit  
Department of Health Services  
1800 3rd Street, Room 100  
P.O. Box 942732  
Sacramento, CA 94234-7320

CMSP ELIGIBILITY EXPENDITURES  
STATE FISCAL YEAR 1994-95  
11/9/95

COUNTY	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	TOTAL
ALPINE	\$1,137	\$1,380	\$650	\$2,590	\$5,757
AMADOR	\$10,942	\$10,500	\$12,663	\$12,808	\$46,913
BUTTE	\$138,190	\$165,797	\$166,942	\$255,878	\$726,807
CALAVERAS	\$20,385	\$16,843	\$17,502	\$13,218	\$67,948
COLUSA	\$10,957	\$7,069	\$23,753	\$12,922	\$54,701
DEL NORTE	\$23,273	\$22,297	\$24,410	\$25,743	\$95,723
EL DORADO	\$116,879	\$104,929	\$96,743	\$126,146	\$444,697
GLENN	\$10,337	\$12,441	\$14,445	\$51,400	\$88,623
HUMBOLDT	\$178,885	\$152,781	\$182,665	\$145,551	\$659,882
IMPERIAL	\$212,749	\$182,864	\$164,640	\$219,978	\$780,231
INYO	\$36,839	\$32,510	\$36,963	\$35,484	\$141,796
KINGS	\$56,049	\$80,132	\$77,008	\$51,801	\$264,990
LAKE	\$49,133	\$55,514	\$45,568	\$74,470	\$224,685
LASSEN	\$27,033	\$14,632	\$11,352	\$16,889	\$69,906
MADERA	\$140,521	\$121,045	\$162,483	\$152,244	\$576,293
MARIN	\$222,292	\$197,372	\$185,733	\$180,510	\$785,907
MARIPOSA	\$10,567	\$11,885	\$15,590	\$16,489	\$54,531
MENDOCINO	\$107,768	\$82,666	\$107,742	\$107,842	\$406,018
MODOC	\$3,483	\$3,601	\$4,767	\$2,395	\$14,246
MONO	\$16,354	\$10,627	\$14,503	\$13,594	\$55,078
NAPA	\$36,364	\$37,580	\$50,571	\$240,075	\$364,590
NEVADA	\$45,849	\$54,112	\$51,668	\$55,158	\$206,787
PLUMAS	\$20,613	\$16,394	\$20,934	\$8,440	\$66,381
SAN BENITO	\$18,548	\$32,642	\$34,612	\$29,436	\$115,238
SHASTA	\$161,801	\$197,834	\$176,119	\$204,321	\$740,075
SIERRA	\$4,813	\$2,736	\$1,840	\$3,958	\$13,347
SISKIYOU	\$51,239	\$47,222	\$36,340	\$45,102	\$179,903
SOLANO	\$352,824	\$296,534	\$387,234	\$379,187	\$1,415,779
SONOMA	\$247,201	\$296,689	\$230,364	\$274,630	\$1,048,884
SUTTER	\$42,278	\$47,855	\$51,796	\$89,996	\$231,925
TEHAMA	\$55,345	\$57,629	\$73,953	\$94,634	\$281,561
TRINITY	\$13,613	\$14,436	\$18,059	\$16,407	\$62,515
TUOLUMNE	\$39,156	\$54,567	\$29,756	\$42,088	\$165,567
YUBA	\$94,554	\$80,250	\$105,090	\$93,024	\$372,918
TOTAL	\$2,577,971	\$2,523,365	\$2,634,458	\$3,094,408	\$10,830,202

**COUNTY MEDICAL SERVICES PROGRAM  
AMENDED ELIGIBILITY EXPENDITURE REPORT  
FOR THE STATE FISCAL YEAR 1994-95**

**QUARTER:** \_\_\_\_\_

**AMOUNT FROM DHS WORKSHEET** \$ \_\_\_\_\_

**CORRECTED AMOUNT** \$ \_\_\_\_\_

**SUPPLEMENTAL CLAIM DATE:** \_\_\_\_\_

**SUPPLEMENTAL CLAIM AMOUNT** \$ \_\_\_\_\_

**REVISED TOTAL FOR THIS QUARTER** \$ \_\_\_\_\_

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**QUARTER:** \_\_\_\_\_

**AMOUNT FROM DHS WORKSHEET** \$ \_\_\_\_\_

**CORRECTED AMOUNT** \$ \_\_\_\_\_

**SUPPLEMENTAL CLAIM DATE:** \_\_\_\_\_

**SUPPLEMENTAL CLAIM AMOUNT** \$ \_\_\_\_\_

**REVISED TOTAL FOR THIS QUARTER** \$ \_\_\_\_\_

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**I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information which has been submitted to the State Department of Social Service on regular and supplemental (adjusted) Administrative Cost Claims.**

\_\_\_\_\_  
(PRINTED NAME/TITLE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)